

CHANGE OF NAME REQUEST
E-78 REV. 5-2001



STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
On The Web At <http://dmvct.org>

I hereby request a change of name on my registration and operator's license.

TO

NAME

ADDRESS (Number and Street) (City of Town) (State) (Zip Code)

FROM

NAME

ADDRESS (Number and Street) (City of Town) (State) (Zip Code)

DATE OF BIRTH

OPERATOR LICENSE NUMBER

REGISTRATION PLATE NUMBER

REASON FOR CHANGE:

I declare under penalties of false statement that this change is not being made with intent to defraud or avert criminal action.

SIGNATURE

X

DATE SIGNED